MEMORIALS

OF

DR. CALVIN ELLIS, M.D.,

FELLOW OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES;

MEMBER OF THE MASSACHUSETTS MEDICAL SOCIETY;

LATE JACKSON PROFESSOR OF CLINICAL MEDICINE AT THE MEDICAL SCHOOL

OF HARVARD UNIVERSITY; ETC.



CAMBRIDGE:

JOHN WILSON AND SON University Press.

1884.



MEMORIALS

OF

DR. CALVIN ELLIS, M.D.,

FELLOW OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES;

MEMBER OF THE MASSACHUSETTS MEDICAL SOCIETY;

LATE JACKSON PROFESSOR OF CLINICAL MEDICINE AT THE MEDICAL SCHOOL

OF HARVARD UNIVERSITY; ETC.



CAMBRIDGE:

JOHN WILSON AND SON.

Anibersity Press.

1884.



A few copies of this brief record of Dr. Calvin Ellis's life-work, character, and death have been struck off, in this form, from the Proceedings of the American Academy of Arts and Sciences.

H. I. B.

Boston, June, 1884.



MEMOIR.

Dr. Calvin Ellis was elected a Fellow of this Academy on November 9, 1859. He never held office nor made any communication to it. His writings were chiefly medical; and they, with his high repute as Professor of Clinical Medicine in Harvard University, as a Reformer in the modes of medical instruction, and as a Physician in Boston, make him an honor to the Academy, and the Peer of any one therein.

BIRTH AND ANCESTRY.

He was born in Boston, August 15, 1826, and died on December 14, 1883. He was a lineal descendant, in the seventh generation, of a farmer named Ellis, who, with some of his fellow townsmen, emigrated to New England, in 1634, from old Dedham, county of Essex, England. They bought a large tract of land about fifteen miles from Boston, and ealled the town Dedham, which name it still retains. The Ellis estate has always been occupied by one of the descendants. Each generation has borne the reputation of loving and honoring work, and a desire for mental culture gradually sprang up among them. Our associate's grandparents educated their youngest son for college. During the last two generations, this taste for mental culture has steadily grown. From the family have come some of the most eminent of our clergymen, lawyers, mereliants, and men and women of intellect and character. Our associate, I believe, is the only physician who has as yet prominently appeared. Down through the race has also come free religious thought; alike removed from a superstition which cramps the mind and a science which would ignore the religious instincts of mankind.

Thus we see that our associate received amply, as a part of his hereditary constitution, three of the most precious of human qualities; namely, a belief in work, a genuine love of letters, and a religious disposition. These fine traits contributed much to the moulding of the character of Dr. Ellis, and to his career in life.

HOME; SCHOOL; COLLEGE LIFE AND PLAY.

In his homestead he was most fortunate. The parents and children, loving and respecting one another, grew up together in peace. At the Chauncy Hall School, in Boston, he was fitted for Harvard University, and he entered there in 1842. He received "a part" at Commencement, which, at his especial request, was not spoken in public. Like many others, he had spent much time in sports, manly indeed, but not exactly tending to literary culture. He was an earnest member of the first Harvard Boat Club that rowed upon the Charles River.

LIFE AND WORK IN MEDICINE.

Dr. Ellis used to say that, during his college life, he "played"; and that "he first awoke to the full meaning of life when he began the study of medicine." In 1846 he entered the Harvard Medical School. His career at that School won the entire respect of his teachers. In 1849 he became resident pupil at the Massachusetts General Hospital. While there he was found to be one of those reliable young men whose superiors were sure that any order given would be promptly and implicitly obeyed. Respectful he was to his elders, yet self-respecting all felt him to be. Of a cheerful, sunny nature, his manners to all — physicians and patients, rich and poor — were those of the true gentleman.

After receiving the degree of M. D. in 1850, he spent two years in the French and German hospitals. While there, he devoted himself much to clinical medicine, morbid anatomy, and pathology. This was of great advantage to him in his subsequent career as a medical practitioner in Boston and as Professor at the Medical School. After his return to Boston he was soon selected as assistant to Dr. J. B. S. Jackson, the eminent pathologist of that day, and one of our Fellows. Erelong he was made Admitting Physician and Pathologist at the Massachusetts General Hospital. In 1865 he was chosen Attending Physician of the same, and held the office till his death.

Seventeen years after leaving college, in 1863, he was made Assistant Professor in the chair of the Theory and Practice of Medicine in the Harvard School. He held this office till 1865, when, at the request of the Professor of Clinical Medicine, he was chosen Adjunct Professor in that department, in which, upon the resignation of his superior in 1867, he became Professor. The Corporation of the College, in thus placing our associate in this high position, acted wisely for the institu-

tion under its charge. It is believed that the profession fully sustained that selection of one who, during the twenty years since entering upon the study of medicine, had steadily grown in the respect of all as a wise physician, an admirable teacher, and a most honorable man. At the time of his election, no one was so well qualified as he for that professorship. He held it until his death, sixteen years afterwards.

HIS INFLUENCE ON MEDICAL STUDENTS, AND HIS METHOD OF TEACHING.

His influence on students who, year after year, passed through his curriculum, was most beneficent. From his reverence for truth, and his desire to teach them to diagnose diseases scientifically, he may have seemed "slow," at times, to some. He did not deal in glowing assertions of his own opinions or those of others. He sought rather to develop the minds of the pupils, so that they could use them well in their subsequent lives as physicians. I learn from some of his best pupils, that, in this respect, his influence has been of immense advantage to many who are now practising their profession throughout New England. Probably this influence has been felt, of late, over a wider field; for, since the great improvements recently made in the administration of the Harvard Medical School, pupils have come to it from all quarters of the Union. He has been called by some a "drill-master"; and no higher compliment than this expression could be paid to any teacher, if by that "drill" he taught pupils so to grapple with the intricacies of a case that now, as physicians, they can make an accurate "diagnosis sooner and more accurately than those educated in other schools, who have not felt Dr. Ellis's power." In addition to this quality as a teacher, all the students could not help respecting him for various other excellent traits, - he was so honorable, so earnest in giving aid to all, and so kindly in his dealings with the unfortunate patients whom his class met, under his supervision, at the hospital. His example, in this latter respect, was a perpetual manifestation before them of all those courtesies and kindnesses which should exist between physician and patient.

LITERARY WORK IN MEDICINE.

During his life as a physician, until disease checked him, he was an active participant in the exercises of the medical societies, and earnest in every good suggestion for elevating the standard of professional attainments. He was, indeed, a quiet but efficient leader amongst us.

To the local medical societies, and to the Massachusetts Medical Society, of which he was for a long time a Counsellor, he, from time to

time, presented more or less elaborately prepared papers, which were subsequently published. A list of them is herewith appended. They are forty-one in number, the first having been printed in 1855, the last in 1882. He left, partly finished, a work on "Symptomatology," still in fragments of manuscript. Some of the papers show great skill in the unravelling of the mysteries of obscure disease; and all clearly prove his love of scientific accuracy, his unwillingness to lay down, as fully demonstrated, any proposition not wholly sustained by an accurate examination of every, even the most minute, fact bearing upon the subject under discussion. As clinical teacher and as a writer, instead of boldly announcing as true an opinion for which there might not be sufficient data for a perfect judgment, he was willing to remain in a state of "philosophic doubt." Let it be understood, however, that this state of doubt, as to the precise nature of a case before him, did not prevent him from being as ready promptly to prescribe for severe symptoms; as all other physicians are at times compelled to do when they prescribe for symptoms only.

Let me refer to a few of his publications, etc.

In 1860 (No. 10 on list) he printed an essay on "Tubercle." It had gained for him the Boylston Medical Prize. After a thorough statement of the various apparently proved facts about tubercle, as given by the ablest pathologists of Europe in their various works, and from his own microscopic and other observations, he arrives at the conclusion that "tubercle" does not really exist as an entity; but that it is rather a degeneration of the existing tissues, a "want of vitality," or of a "capacity for organization." Koch had not, at that time, discovered the Bacillus.

His introductory lecture before the Medical Class in 1866 (No. 21 on list) is admirable. It teaches his hearers that the profession demands of every student the sternest loyalty to truth, abnegation and service, and, if need be, self-sacrifice. These qualities, he declares, are not too much to demand "of those who seek to interpret the laws of nature for the benefit of mankind." He refers to the many advantages derived from modern scientific methods, and to the close relation of health with disease, —the one running into the other in their essential and minute characteristics. He claims that the "science of medicine is in advance of the art." And here he broaches the chief idea underlying his unfinished work on "Symptomatology," and declares that "to make a diagnosis needs as nice a calculation, a balancing of many points, as any legal inquiry; but instead of this we make a rough guess." "If you would elevate the profession," says he in another part, "receive every new truth from any source." These

are indeed high themes, and nobly treated by him. They are true to all the aims of this Academy in its desire that its members should strive for simple, severe truth in every branch of human learning.

In 1880 (No. 41 on list) his pamphlet on "Albuminuria as a Symptom" gives a full idea of his great learning upon that single symptom, and foreshadows more clearly the same above-named work.

SYMPTOMATOLOGY. - MEDICAL DIAGNOSIS.

This memorial would leave a meagre idea of Dr. Ellis's literary work, if we should not attempt to give some few details of a work upon medical diagnosis, on which for many years, and with many interruptions caused by disease, he was laboring even up to within a few days of his death. Unfortunately, it has been left in such an imperfect condition, on many and disconnected pieces of paper, which he alone could have brought together so as to make a whole production, that publication seems impossible.

The word Symptomatology was chosen by Dr. Ellis as showing somewhat the character of the work. The ideas * underlying it are, in my view, far in advance of the present mode of clinical instruction. The work would have been, in truth, an encyclopædia of all the symptoms which have been actually proved to occur in connection with the various diseases to which mankind are at times subject. These would have been arranged alphabetically, and the diseases, in which they have been thoroughly and scientifically proved to occur, would have been given. References to authors, in which the less known symptoms are reported, would have been made. This might have been called its first part. In the second part, he would have had recorded cases, for the diagnosis of which he would refer to each symptom as found in the first part. He would probably be able very soon to eliminate from any case under examination a great majority of the diseases, in which the symptom might be known to occur. In this way, he would proceed with all the symptoms recorded in the case. Having gone through this course, and eliminated one disease after another, he would finally, by physical exploration, be able, not only to say what the disease is, but also, if need be, to declare what it cannot be. Dr. Ellis claimed that a thorough drilling in this way, in a method for exact diagnosis, would better prepare the pupil for future prompt performance of duty as a practitioner of medicine.

^{*} I)r. Ellis has distinctly declared that to Skoda and Oppolzer he owes the first conception of a plan, which he had vainly sought for from previous teachers.

For even if, perchance, the physician could not make a perfect, undoubted diagnosis in any special case, he would be better able to administer for temporary relief than one with a less drilled mind would be.

IS DR. ELLIS'S METHOD PRACTICABLE IN THE PRESENT STATE OF MEDICAL LEARNING?

It may be a question with some, whether there ever has been anything that can be legitimately called a "scientific method," which every one could pursue in teaching clinical medicine. There have been famous "clinical teachers"; but each one has had "his own method," by which he doubtless gave much special instruction, but a method such as suggested by Dr. Ellis,* whereby knowledge, that has been positively proved to be true by the best experts, would be given to the pupil, and then his mind drilled in the use of all of these proved facts, in order to the perfect elucidation of a case before him, has not, I think, existed; certainly not since modern modes of scientific research have dawned upon us.

But can one hope that, with our present teachers and pupils, Dr. Ellis's plan will be immediately adopted? The teachers are unprepared for it; and many would probably sneer at it as too fatiguing for common minds, and as a very dull and "slow" method for pupils. It is to be feared that many pupils would agree to this decision. Dr. Ellis's views may well wait for a century before being duly appreciated; but that, within that time, his views, or something like them, something more accurately scientific than the present method of clinical teaching, will be demanded of clinical instructors, seems to me as certain as we are now certain that modern science, when applied to medical and surgical studies and practice, throws aside, as utterly worthless, many of the well-fought-for theories of our fathers. We can only regret that death prevented Dr. Ellis from giving to the world this matured work of his life.

REFORMS IN THE HARVARD MEDICAL SCHOOL. — DR. ELLIS'S CONNECTION WITH AND INFLUENCE UPON THEIR FINAL ADOPTION.

These reforms have been very great during the last ten or twelve years. The Faculty, in spite of constant opposition from a small but able minority, have carried out all their plans as "originally pro-

^{*} In a conversation I held with Dr. Ellis only a few weeks before his death, he said to me, "I am preparing a work in which I shall give a method for clinical instruction, such as they [referring to clinical teachers] have never used before."

posed."* These changes have made the School, in its perfect arrangements for instruction, the equal of any one in this country, and very much superior to most of them. It now vies with some of the best in Europe. By them the name of Harvard University has been greatly honored. To Dr. Ellis, as Dean of the Faculty, and his younger associates, is due the supreme merit of giving this great boon to our country.

It must be admitted that this statement contradicts the resolution accepted and recorded by the Overseers of the University at their meeting, June 22, 1882. That resolution gives the high merit of these reforms to one who was, throughout the years of discussion thereupon, their ablest opponent. Each item was carried by the Faculty, in spite of that opposition. Yet the resolution of the Overseers declares that "his [namely, the opponent's] practical wisdom and energy greatly contributed to and controlled the progressive steps by which the Medical Department of the University has reached its present high position." In other words, that resolution virtually gives to another what justly belongs to our deceased associate. Thus much the canons of biographical truthfulness require, if we would enumerate all the reasons the Academy has for honoring the memory of Dr. Ellis. These vast improvements in the means and modes of instruction in medicine, which have been, only within a very short time, finally inaugurated at the Harvard Medical School, are, of themselves, sufficient glory to any one who has striven for them. These reforms have been for many years intimately connected with Dr. Ellis's life-work. Considering their immense influence for good upon medical practice in the future of this country, they perhaps present his strongest claim to the gratitude of the medical profession and of the community, and to honor from this Academy. As all the facts mentioned in this part of our subject rest on unimpeachable authority, silence upon them, in any memorial of Dr. Ellis, would be a neglect of an obvious duty.

DR. ELLIS AS A CITIZEN, AND IN HIS SOCIAL RELATIONS.

We have traced Dr. Ellis as a physician, a writer, a professor of medicine, and a reformer in medical education. How was he as a man, publicly and socially, in the more intimate relations of man to man? No one was ever more public-spirited than he. Twice, during the civil war, he went, at the request of the Governor of Massa-

^{*} Words used by Dr. Ellis only a few weeks before his death, when conversing with us upon the subject. It is believed that they are true, and that medical public opinion fully sustains this assertion.

chusetts, or on appeals from others in authority, down "to the front," and sought to give aid to the wounded, to heal the sick, and to care tenderly for them. Twice he returned ill with Southern fever. The fact of his first illness did not prevent him from offering himself again a living sacrifice, if need be, in a war for his country's life and for human liberty. Of late years, when civil service reform is mooted, he has felt much interest in it. "To vote," with him, meant high duty. When comparatively well, he attended primary meetings of the citizens; and, only a few days before his death, he went from his sick-chamber to the polls, and, after depositing his vote, returned to his bed. Yet he was no politician. He thought he was acting as every honest citizen of this republic, who is not a simpleton, should act. He did his share toward upholding and purifying the government.

In his social relations no one was ever purer, no one more ready to aid a professional brother. He made no pretence to private or public charity; but his bounty was great on objects he deemed good. His large bequests to Harvard demonstrate his faith in true learning, and in Alma Mater as dispenser of it. He was liberally progressive, but never fanatical; he was too thoughtful and prudent for that. Of friends he was one of the truest type. He was most hospitable and courteous; always cheerful, and enjoyed mirth. He was never married.

He died after years of suffering, and looking forward without fear. He became partially unconscious as the end approached, and under the influence of narcotics, which, for a long time previously, he had been compelled to use, when suffering very greatly. Before this obscuring of the intellect occurred, and within a few hours of his death, he made an accurate diagnosis of the fatal symptom and its sure result, —namely, peritonitis from perforation, — and he calmly met his fate.

We can now look back upon his life with admiration. We see his strong ancestral traits. We watch his steady, never-failing growth to a wide reputation as a physician, and as one of the noblest teachers of medicine Harvard has ever had. We see him constantly cheerful and honorable, and of an indomitable energy in everything that he undertook, and in every reform for the advancement of his profession. We know that he has left throughout the country hundreds of pupils impressed with his high-toned character, and better trained physicians in consequence of his example, his teachings, and the drilling which he gave to them while under his charge.

Finally, although he never spoke to us as a body, nor gave us a written communication, has he not left to each Fellow of this Acad-

emy the precious legacy of a well-rounded life, devoted to excellence in every department in which he was called to work, - a life which, whenever it shall recur to our memory, will leave no sting, but rather stimulate us towards all that is manly and true in our social relations, and in our various branches of scientific labor?

LIST OF DR. ELLIS'S PUBLICATIONS, ETC.

No.	Year.	Title.	Where found.	Vol.	Page.			
1	1855	Evidences of Arrest of Tuberculous Disease in the Lungs.	Am. J. M. S.*	29	356			
2	1855	Induration of the Brain in a Child.	"	29	357			
3	1855	Glandular Proliferous Cyst.	"	29	358			
		Disease of the Liver. — Autopsy.	66	"	46			
$\frac{1}{2}$	1856	Inflammation and Abscesses of the Lung, caused by Closure of the Pri- mary Bronchus.	Bost. M. & S. J.†	55	357 380			
5	1856	Case of Suicide by Antimony.	"	55	400			
6	1857	Remarkable Case of Extra-uterine Fætation, coexisting with Uterine Pregnancy.	66	56	329			
7	1858	Case of Purpura simulating Rheumatism and Erysipelas.	66	59	53			
8	1860	Leucocythæmia.	"	62	29			
9	1860	Two Cases of Malformation.	"	62	477			
10	1860	On "Tubercle." (Boylston Prize Essay.)		39	399			
11	1861	Autopsy of a Case of Cerebral Disease without Cerebral Lesion.	Bost. M. & S. J.	64	311			
12	1861	Softening of the Heart as a Cause of Sudden Death.	. "	64	390			
13	1861	Obstinate Vomiting terminating in Death. — Disease of Kidneys.		64	392			
14	1861	Two Cases of Leucocythamia, in which Crystals formed in the Blood after its Removal from the Body.		65	341			
15	1863	Case of Addison's Disease.	66	68	361			
16	1864	A Malformed Heart.	"	70	138			
17	1864	Reports of Cases. Cerebro-spinal Meningitis, Typhoid Pneumonia, Disease of Heart, and Aorta; In- testinal Hemorrhage.	64	70	381			
		Cerebro-spinal Meningitis. Autopsy.	"	70	404			
18	1865	The Action of Causes of Depression in the Production of Structural Change; the Pathological Anat- omy of Pueumonia.	"	72	229			
19	1865	Congenital Tumors, containing Fœtal Structures.	"	72	417			
20	1865	Spontaneous Laceration of the Λorta. Two Cases.	44	72	80			

^{*} Am. J. M. Sc. : American Journal of the Medical Sciences, Philadelphia. † Bost. M. & S. J. : Boston Medical and Surgical Journal.

No.	Year.	Title.	Where found.	Vol.	Page.
21	1865	The Relations of Health and Disease. An Introductory Address at the Harvard Medical School.	Bost. M. & S. J.	73	89
22	1866	(Excellent.) Spontaneous Evolution in Labor. (Curious Powers of Nature.)	66	74	302
23	1867	Letter explanatory of a Criticism on No. 21.	"	76	164
24	1869	Letter from Berlin. Account of the Medical School there.	66	80	175
25	1870	The Tendency of so-called Local Diseases to Generalization.		83	229
26	1871	Vomiting as the Sole Prominent Symptom of Disease of the Kid- neys.	66	84	425
27	1871	Autopsy of a Double Monster (Ischiopagus Tripus).	e e	85	218
28	1874	On a Case of Echinoeoeeus Cyst. (Interesting as foreshadowing his	66	90	553
29	1874	"Symptomatology.") Ovarian Cyst	и	91	182 396
30 31	1875 · 1876	Capillary Bronchitis of Adults. General Softening of the Brain, seldom seen as a Pathological Con-	Am. Clin. Lect.* Bost. M. & S. J.	1 94	No.7 29
32	1876	dition; never as a Clinical Disease. The Curved Line of Pleuritic Effusion.	66	95	689
33	1877	Constant Irrigation in a case of Chronie Cystitis. (Excellent sug- gestion and result.)	66	96	393
34	1877	The Point of Origin of the so-called "Bronchial Respiration."	66	97	1
35	1877	Uleerative Endocarditis: Embolism of the Arteries of the Left Leg.	44	97	549.
36	1878	Osteomalaeia in a Man.	66	98	5
57	1879	Chest Expansion in Pleurisy.	66	100	196
38 39	1879 1879	Dilated Brouchi. Probable Acute Nephritis.	"	$\frac{101}{101}$	162 696
$\begin{vmatrix} 33 \\ 40 \end{vmatrix}$	1879	Effusion of Blood into the Left Hem-		101	090
41	1880	isphere and Lateral Ventriele. The Significance of Albuminuria as a Symptom. Reprinted as a pam-	66	101 102	876 323 361
42	1884	phlet of seventy-five pages, and a most ample account of the state of our (accurately recorded) knowl- edge on the subject at that time. "Symptomatology" (an unfinished manuscript of a proposed volume with this title). In it, Dr. Ellis			388 414
		intended to give a new and more scientific method of clinical in- struction than has hitherto been used by Professors of Clinical Medicine.			

^{*} Am. Clin. Lect.: A Series of American Clinical Lectures. Edited by Dr. E. C. Seguin. Vols. 1-3. New York: G. P. Putnam and Sons. 1875-77.







